

Health Communications



Is This Your Future Office?

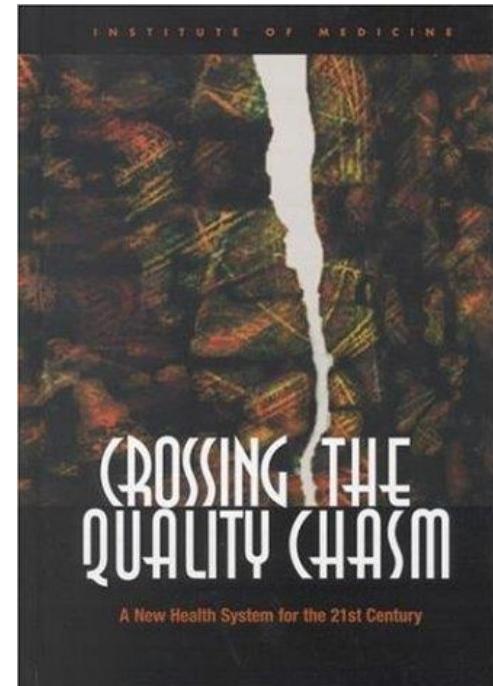


5 minutes

2001 Institute of Medicine Report

Health Care must become:

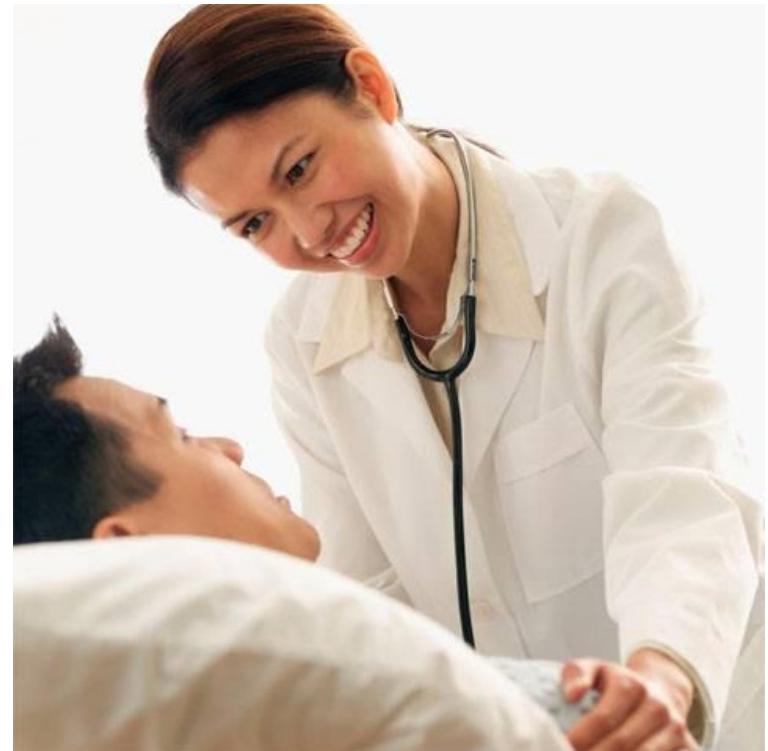
- ◆ Safe
- ◆ Effective
- ◆ Patient-centered
- ◆ Timely
- ◆ Efficient
- ◆ Equitable



<http://www.iom.edu/~media/Files/Report%20Files/2001/Crossing-the-Quality-Chasm/Quality%20Chasm%202001%20report%20brief.pdf>

Patient-Centered Health Care

- ◆ Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions

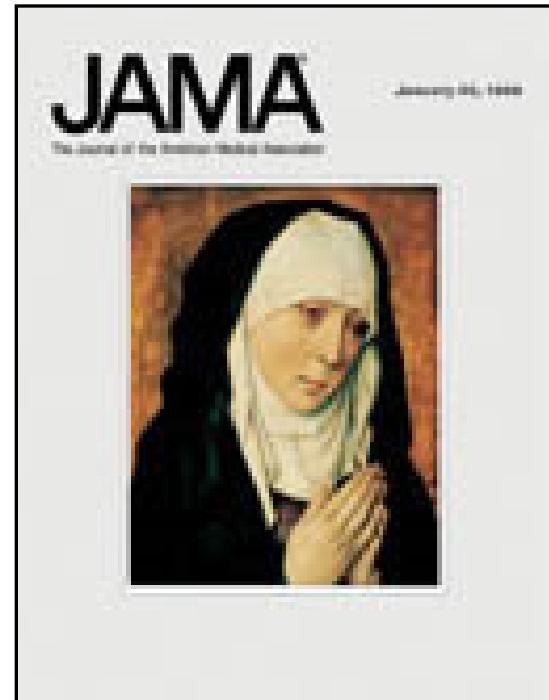


Key Communication Skills

1. Listening effectively
2. Eliciting information using effective questioning skills
3. Providing information using effective explanatory skills
4. Counseling and educating patients
5. Making informed decisions based on patient information and preference

Soliciting the Patient's Agenda

- ◆ Physicians interrupted or redirected the patient's opening statement after a mean of 23.1 seconds
- ◆ Patients allowed to complete their statement of concerns used only 6 seconds more on average than those who were redirected before completion of concerns



Annals of Internal Medicine Study

- ◆ Another study found that physicians interrupted the patient's initial expression of concerns on the average after only 18 seconds
- ◆ When not interrupted, most patients took less than 60 seconds, and none took longer than 150 seconds
- ◆ Once interrupted, only 1 of 52 patients went on to complete his or her statement

Annals of Internal Medicine

The effect of physician behavior on the collection of data
Ann Intern Med. 1984 Nov;101(5):692-6. <http://www.ncbi.nlm.nih.gov/pubmed/6486600>

Patient Recall of Health Advice

- ◆ A Preventive Medicine study looked at patient recall of health behavior advice given to 2,670 adult patients at 138 family medicine offices
- ◆ The most common advice was on smoking, exercise and diet
- ◆ On average, a minute or less was spent on diet, exercise or smoking messages



Direct observation and patient recall of health behavior advice.

Prev Med. 2004 Mar;38(3):343-9. <http://www.ncbi.nlm.nih.gov/pubmed/14766118>

Patient Recall of Health Advice

- ◆ Less than half of family physicians' discussions about diet, smoking and exercise are being recalled by patients
- ◆ Patients who received health behavior advice during well care visits were more likely to recall advice than patients who were distracted by the pain associated with an acute illness visit
- ◆ However, if the health behavior advice is relevant to the reason for the acute illness visit, this is considered a “teachable moment”

Direct observation and patient recall of health behavior advice.

Prev Med. 2004 Mar;38(3):343-9. <http://www.ncbi.nlm.nih.gov/pubmed/14766118>

Patient Recall of Health Advice

- ◆ Duration of advice is strongly associated with greater recall of the discussion
- ◆ Regardless of the reason for the visit, an additional minute discussing the target behavior was associated with a 2.5-fold increase in recall
- ◆ Increasing the duration of the advice even a small amount is likely to increase patient recall of the topic

Direct observation and patient recall of health behavior advice.

Prev Med. 2004 Mar;38(3):343-9. <http://www.ncbi.nlm.nih.gov/pubmed/14766118>

A Good Doctor

- ◆ A good doctor is not too busy to help, doesn't use big words, sits down and listens, asks how you are doing today and what your problem is.
- ◆ The doctor asks how you want to be addressed, and doesn't read the chart in front of you (if he does, it shows he hasn't prepared for your visit, which is rude and demeaning).

A Good Doctor

- ◆ A good doctor tells you things in plain English and breaks them down into what's really important.
- ◆ If you don't understand what the doctor says, you are comfortable asking him to repeat the explanation.
- ◆ When the doctor repeats and you still don't understand, the doctor goes out of his way to make sure you do.

Paternalistic Model

- ◆ Physician serves the role of Guardian
- ◆ Sometimes referred to as the parental or priestly model
- ◆ The Doctor determines the treatment and the patient is expected to follow it
- ◆ The patient is given little say in the matter



Marcus Welby, MD

Informative Model

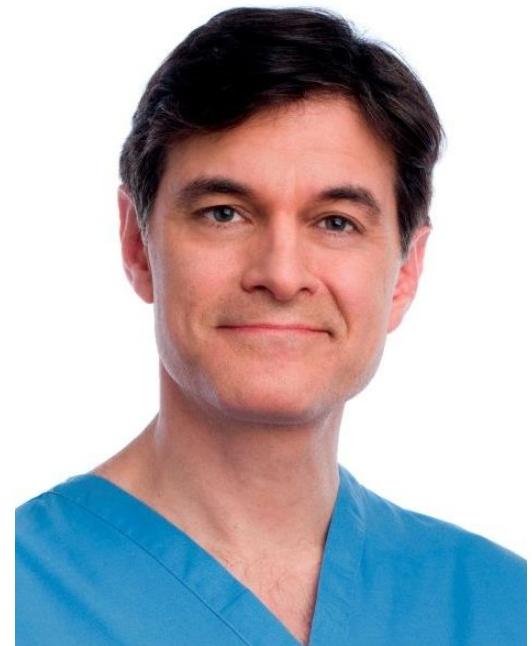
- ◆ Physician serves the role of competent technical expert
- ◆ Sometimes called the scientific or consumer model
- ◆ The Doctor presents the relevant factual information to the patient
- ◆ The patient makes choices based upon this information



Dr. Gregory House

Interpretive Model

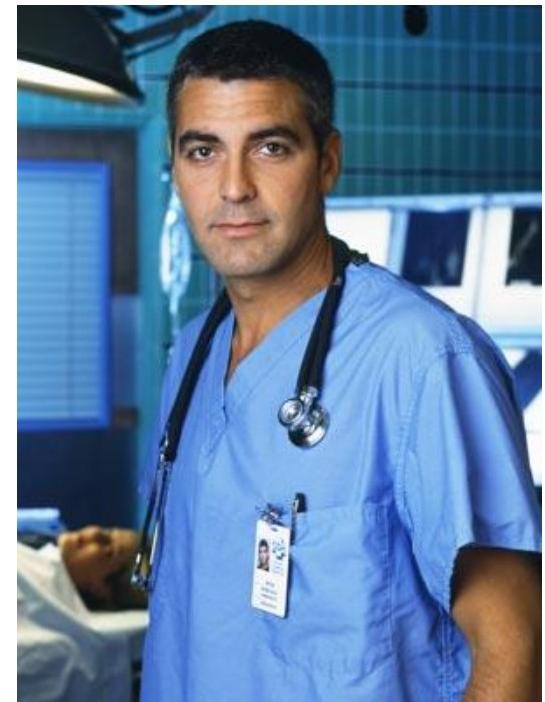
- ◆ Physician serves the role of counselor or advisor
- ◆ Sometimes called the collegial model
- ◆ Similar to the informative Doctor, but with a better bedside manner
- ◆ The unbiased doctor helps the patient determine which treatment fits their values



Dr. Oz

Deliberative Model

- ◆ Physician serves the role of friend or teacher
- ◆ The doctor helps the patient in the decision making process and attempts to empower the patient to act
- ◆ The deliberative physician attempts to *persuade* the patient, rather than impose values paternalistically



Dr. Doug Ross

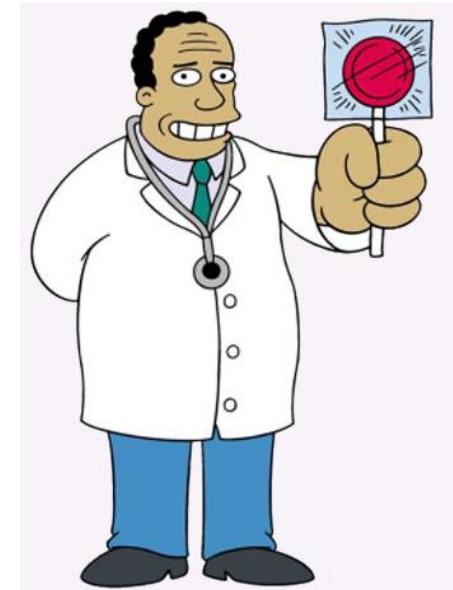
Narrowly Biomedical Pattern

- ◆ Correlates to Paternalistic Model
- ◆ Accounts for 32% of office visits
- ◆ Physician dominated talk with low patient communication control of the visit
- ◆ **Rated by patients as LEAST satisfying**



Expanded Biomedical Pattern

- ◆ Does not correlate with one specific model from the four model JAMA article (4-22-92)
- ◆ Accounts for 33% of office visits
- ◆ While the visit is still tightly controlled by the physician, it allows for more patient input in the psychosocial area than the narrowly biomedical pattern



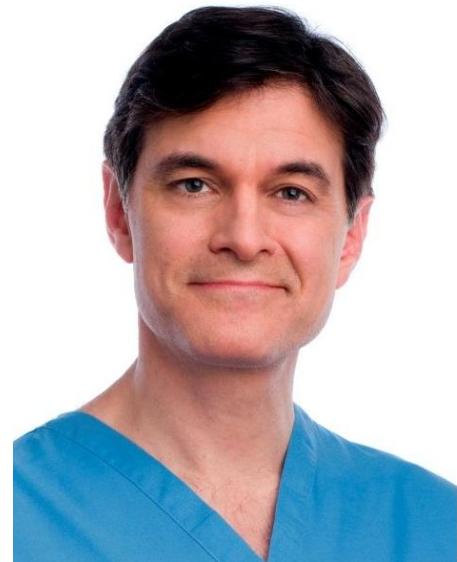
Consumerist Pattern

- ◆ Correlates to Informative Model
- ◆ Accounts for 8% of office visits
- ◆ The physician acts as a competent technical expert and provides relevant factual information
- ◆ The physician acts to implement the patient's selected intervention



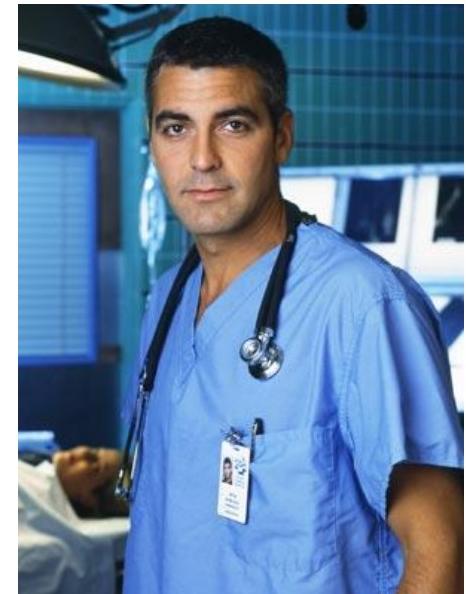
Biopsychosocial Pattern

- ◆ Correlates to Interpretive Model
- ◆ Accounts for 20% of office visits
- ◆ Lowered physician dominance and verbal control with mix of psychosocial and biomedical focus



Psychosocial Pattern

- ◆ Correlates to Deliberative Model
- ◆ Accounts for 7% of office visits
- ◆ High patient control of communication provides an opportunity for in-depth dialogue about the social and emotional implications of the patient's condition
- ◆ **Rated by patients as MOST satisfying**



Communication & Malpractice

- ◆ Attorneys estimate that a clinician's communication style and attitude are major factors in nearly 75% of malpractice suits
- ◆ The most frequently identified communication errors are inadequate explanations of diagnosis or treatment, and communicating in such a way that patients feel that their concerns have been ignored



Informed Consent



- ◆ Primary care physicians who had no malpractice claims:
 - provided more information about the visit
 - allowed patients to express all concerns and tell their story
 - checked their understanding of patients' concerns
 - asked patients what they thought
 - expressed warmth, friendliness, and humor

Physician-patient communication. The relationship with malpractice claims among primary care physicians and surgeons
JAMA. 1997 Feb 19;277(7):553-9. <http://www.ncbi.nlm.nih.gov/pubmed/9032162>

Elements of Informed Consent

- ◆ The name of the doctor performing the procedure and his qualifications
- ◆ Your medical condition
- ◆ The purpose of the proposed procedure
- ◆ The risks involved
- ◆ Any alternative treatments or procedures and the risks involved
- ◆ The chances of the procedure's success
- ◆ The expected recovery time
- ◆ The approximate cost of the procedure and whether it's likely covered by your health insurance

Informed Consent?

Your **naicisyhp** has **dednemmoce** that you have a **ypocsonoloc**. **Ypocsonoloc** is a test for **noloc recnac**. It **sevlovni gnitresni** a **elbixelf gniweiv epochs** into your **mutcer**. You must drink a **laiceps diuqil** the **thgin erofeb** the **noitanimaxe** to **naelc** out your **noloc**.

Your **physician** has **recommended** that you have a **colonoscopy**. **Colonoscopy** is a test for **colon cancer**. It **involves inserting** a **flexible viewing scope** into your **rectum**. You must drink a **special liquid** the **night before** the **examination** to **clean** out your **colon**.

Taken from a Chiropractic Website

Daily lifestyle factors from stress to specific work environment, from intensive sports training to weekend errands – all affect your quality of life and you living it. Life is an adventure and we want you feeling every nuance, every moment it has to offer.

Your spine is the neural-transportation system for all that we feel; its pathologies and performance peaks. There exists a connective kinship between nerve and tissue, muscle and bone that requires a covenant path of care; a balanced conveyance, which only chiropractic is qualified to properly discern and deploy holistic and restoring therapies for enhanced neural functionality and wellness care.

Look, we can't fix everything, but when it comes to neuromusculoskeletal disorders, dysfunctional spine and mechanical pain – we are the experts. You could say your central nervous system and its optimization is our central passion. It is our single pledge.

Reading Level of Previous Slide

Number of characters (without spaces) :	761.00
Number of words :	145.00
Number of sentences :	7.00
Average number of characters per word :	5.25
Average number of syllables per word :	1.77
Average number of words per sentence:	20.71

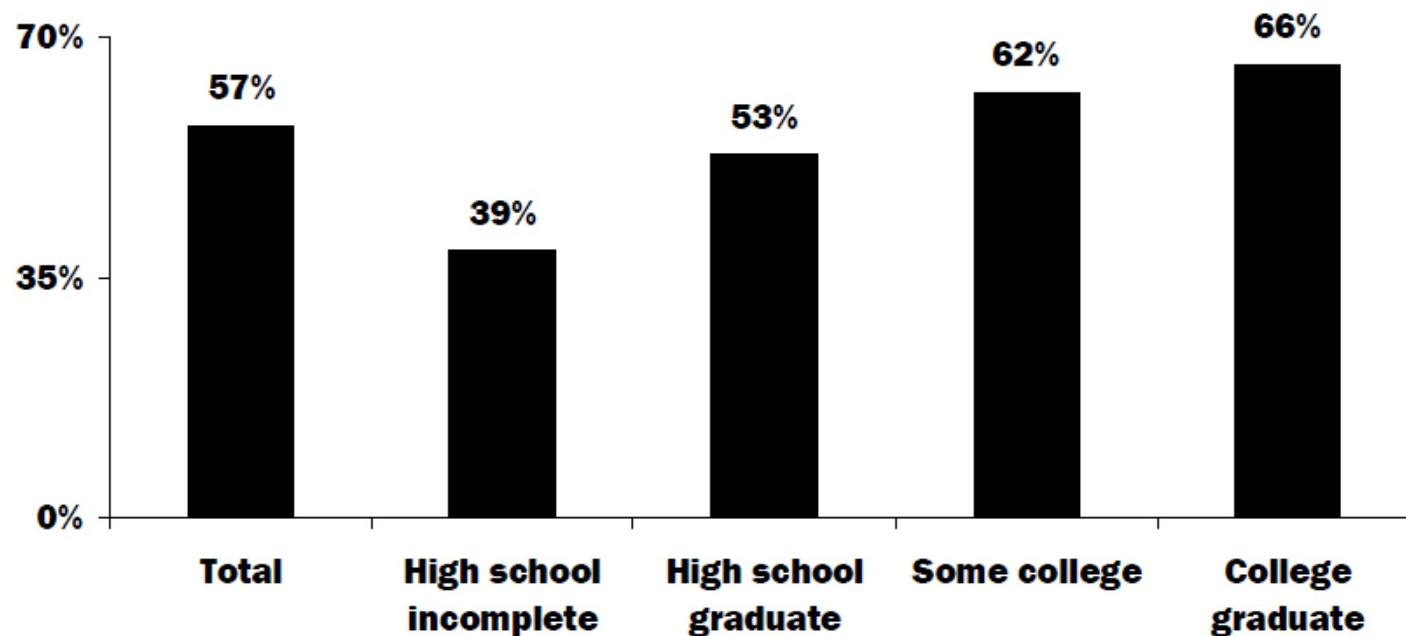
Approximate U.S. grade level needed to comprehend the text:

Gunning Fog index	15.18
Coleman Liau index	13.66
Flesch Kincaid Grade level	13.40
ARI (Automated Readability Index)	13.65
SMOG (Simple Measure of Gobbledygook)	14.53

Chart 6

Fewer than Two-Thirds of Adults Found It Very Easy to Understand Materials from the Doctor's Office

Percentage of adults reporting it “very easy” to understand printed materials



Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Addressing Health Literacy

- ◆ Functional illiteracy is one of the most significant problems facing society
- ◆ Although such citizens might be able to read words, they cannot understand their meanings, synthesize information, or make decisions based on what they read, resulting in negative impacts on the economic, physical health, and social well being of communities

Health Literacy

- ◆ Nearly 1 in 3 Americans is functionally illiterate
- ◆ Most Americans do not understand medical terms
- ◆ The annual health care costs for individuals with low health literacy skills are four times higher than those with higher health literacy skills



Health Literacy

- ◆ Health literacy is the ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions and follow instructions for treatment
- ◆ Unfortunately, there is often a mismatch between a clinician's level of communication and a patient's level of comprehension
- ◆ This lack of understanding can lead to medication errors, missed appointments, adverse medical outcomes, and even malpractice lawsuits

Health Literacy

- ◆ The combination of medication errors, excess hospitalizations, longer hospital stays, more use of emergency departments, and a generally higher level of illness—all attributable to limited health literacy—is estimated to result in excess costs for the US health care system of between \$50 billion and \$73 billion per year



Health Literacy

- ◆ The important message is that *you can't tell by looking* whether someone has sufficient skills to adequately understand health concepts and carry out health care instructions
- ◆ Because you can't tell just by looking, clinicians and medical practices can best deliver effective medical care by providing easy-to-understand information to *all* patients



AMA Health Literacy Video

Removing barriers to better, safer care

Health literacy and patient safety:
Help patients understand

*Tools to improve physician-patient communications,
patient understanding and patient self care*

Second edition

23 minutes

Ten Signs of Functional Illiteracy

1. Do they ask you to fill out forms for them, or make a lot of mistakes when they fill them out for themselves?
2. Do they bring a friend to help with forms?
3. Do they take forms home to fill out?
4. Do they make excuses for not reading brochures or written explanations of services:
*“I forgot my glasses.” “I have a headache.” or
“I don’t have time.”*

Ten Signs of Functional Illiteracy

5. Do they repeatedly ask you to explain what they have just read?
6. Do their eyes fail to move right while “reading”?
7. Do they fail to respond to mailed notices, bills, etc.?
8. Do they ask you to call rather than mail the information to them?
9. Do they continuously forget appointments?
10. Do they turn down opportunities that require reading and/or writing?

Detection and Intervention Strategies

- ◆ Never assume that your patients know how to read.
- ◆ Do not directly question patients to find out. Instead, ask them how they learn best.
- ◆ Notice when patients ask others to read for them or make excuses to avoid reading.
- ◆ Hand the patient written material upside down.
- ◆ Utilize pictographs to explain medical instructions.
- ◆ Restate instructions and use simple language.

Detection and Intervention Strategies

- ◆ Ask patient to repeat instructions.
- ◆ Demonstrate tasks whenever possible.
- ◆ Simplify reading materials: write for readability at the 5th- or 6th-grade level.
- ◆ Screen patients with multiple medical problems who are at high risk.
- ◆ Consider using a screening test such as the Rapid Estimate of Adult Literacy in Medicine (REALM) or The Test of Functional Health Literacy in Adults (TOFHLA).

Physician–Patient Communication

Three functions of the medical interview:

- Information gathering
- Relationship building
- Patient education



*Mayo Clinic
Proceedings*

A Peer-Reviewed Medical Journal Sponsored by
Mayo Clinic and Authored by Physicians Worldwide

Physician Centered Interview Style

Physician

Patient

- ◆ What brings you here today?
 - Where are the headaches?
 - How long do they last?
 - What do you do to relieve them?
- ◆ I have headaches.

Patient Centered Interview Style

Physician

- ◆ What brings you here today?
- ◆ What else?
- ◆ What else?

Patient

- ◆ I have headaches.
- ◆ Well, I have problems sleeping.
- ◆ I am very worried about my son. He is using drugs.

Information Gathering

- ◆ When a physician asks a question such as “*What else?*” or “*Anything else?*” the patient is allowed to share all his or her concerns at the beginning of the interview
- ◆ The physician should allow the patient to tell the story and guide the patient to provide pertinent details by using open-ended phrases and questions as well as specific closed questions

Relationship Building

Tell me about yourself

- to gain basic psychosocial background

Tell me what you expect from this visit

- to clarify patient expectations

Tell me how this illness has affected you

- to determine how the patient perceives the problem

Tell me what you think is causing the problem

- to learn about the patient's idea of illness

Tell me how you feel about this problem

- to learn some of the emotional connections

Tell me what you think is causing the problem

THE PAIN STARTS IN MY HUSBAND'S LOWER BACK,
THEN IT TRAVELS UP HIS SPINE TO HIS NECK,
THEN IT COMES OUT HIS MOUTH AND INTO MY EARS.
AND THAT'S WHY I GET THESE HEADACHES.

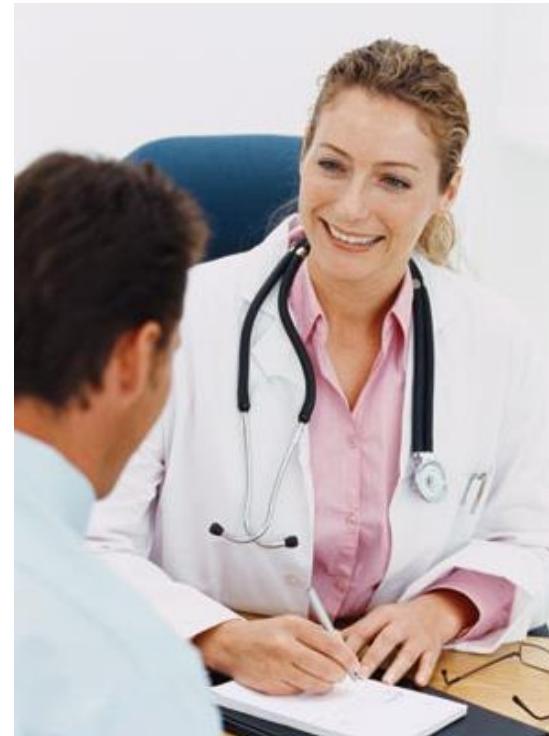


Patient Education

- ◆ While patients usually have questions, many patients will not ask questions unless the doctor invites questions
- ◆ Use the “ask–tell–ask” framework:
 - Begin by asking the patient about their understanding of their condition
 - Tell the patient the specifics of the diagnosis and management plan
 - Ask the patient about their understanding of what they have heard

Patient Education

- ◆ The “ask–tell–ask” framework helps to:
 - enlist the patient in management
 - clarify perceptions and expectations
 - improve patient compliance



Health Communication: Why and How

- ◆ The manner in which a physician communicates information to a patient is as important as the information being communicated
- ◆ Research has shown that effective patient–physician communication can improve a patient’s health as quantifiably as many drugs – perhaps providing a partial explanation for the powerful placebo effect seen in clinical trials



Health Communication

- ◆ During the typical 15–20 minute doctor patient encounter, the physician makes nuanced choices regarding the words, questions, silences, tones, and facial expressions he or she chooses
- ◆ These choices either enhance or detract from the overall level of excellence of the physician's delivery of care



Conversational Devices

Orientation statements

“Now I would like to talk about your other medical problems.”

Paraphrasing

“OK let me make sure I have this straight . . . ”

Reflection

Patient: *“I’m worried.”*

Physician: *“You’re worried?”*

Request for clarification

“Help me understand what the pain felt like at that point.”

Conversational Devices

Empathic statements

“That sounds like it must have been difficult.”

Time management

“We only have about 1 more minute to talk.

Is there anything else I should know?”

Facilitating body language

Head nods, facial expressions,
hand movements, etc.

Facilitating utterances

“Uh-huh,” “mm-hmm,” etc

Silence

Effective Communication

1. Assess what the patient already knows
2. Assess what the patient wants to know
3. Be empathic
4. Slow down
5. Keep it simple
6. Tell the truth
7. Be hopeful
8. Watch the patient's body and face
9. Be prepared for a reaction

Assess What the Patient Already Knows

- ◆ It is important to determine what a patient already understands—or misunderstands—at the outset
- ◆ The patient's perceptions have been influenced by what they have been told by other health care providers, and perhaps what they have learned on their own from the Internet



Assess What the Patient Wants to Know

- ◆ If the patient appears confused, it is advisable that the physician return to basic information
- ◆ If the patient has no questions or is obviously uncomfortable, stop the discussion and ask explicitly how much information the patient desires, and adjust accordingly
- ◆ When obtaining informed consent, describe the risks and benefits of the procedure and then simply allow the patient to decide how much additional information he or she wants

Be Empathic

- ◆ Empathy is a basic skill physicians should develop to help them recognize the indirectly expressed emotions of their patients
- ◆ Once recognized, these emotions need to be acknowledged and further explored during the patient–physician encounter
- ◆ Patient satisfaction is likely to be enhanced by physicians who acknowledge patients' expressed emotions
- ◆ Physicians who do this are less likely to be viewed as uncaring by their patients

Slow Down

- ◆ A slow delivery with appropriate pauses gives the listener time to formulate questions, which the physician can then use to provide further bits of targeted information
- ◆ Patient satisfaction is greater when the length of the office visit matches his or her expectation



Styles of Communication



Keep It Simple

- ◆ Physicians should avoid engaging in long monologues in front of the patient
- ◆ Far better for the physician to keep to short statements and clear, simple explanations
- ◆ Those who tailor information to the patient's desired level of information will improve comprehension and limit emotional distress
- ◆ It is wise for the physician to avoid the use of jargon whenever possible, particularly with elderly patients

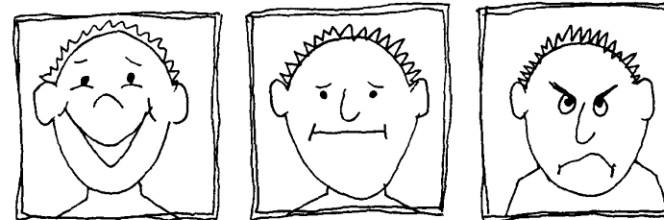
Tell the Truth, but Be Hopeful

- ◆ Although the need for truth-telling remains primary, the therapeutic value of conveying hope in situations that may appear hopeless should not be underestimated
- ◆ Even when physicians must convey a grim prognosis to a patient, being able to offer comfort has real value



Watch the Patient's Body and Face

- ◆ It is important to recognize that the patient-physician encounter involves a two-way exchange of nonverbal information
- ◆ Patients' facial expressions are often good indicators of sadness, worry, or anxiety
- ◆ The physician who responds with appropriate concern to these nonverbal cues will likely impact the patient's illness to a greater degree than the physician wanting to strictly convey factual information



Patient-Physician Communication: Why and How

J Am Osteopath Assoc. 2005 Jan;105(1):13-8. <http://www.ncbi.nlm.nih.gov/pubmed/15710660>

Be Prepared for a Reaction

- ◆ The patient–physician dialogue is not finished after discussing the diagnosis, tests, and treatments
- ◆ For the patient, this is just a beginning; the news is sinking in
- ◆ The physician should anticipate a shift in the patient’s sense of self, which should be handled as an important part of the encounter—not as an unpleasant plot twist to a physician’s preferred story line



Successful Behavior Change

Attributes needed for behavior change:

1. Strongly wants and intends to change for clear, personal reasons
2. Faces a minimum of obstacles (information processing, physical, logistical, or environmental barriers) to change
3. Has the requisite skills and self-confidence to make a change



Successful Behavior Change

4. Feels positively about the change and believes it will result in meaningful benefit
5. Perceives the change as congruent with his/her self-image and social group norms
6. Receives reminders, encouragement, and support to change at appropriate times and places from valued persons and community sources, and is in a largely supportive community/environment for the change

The single biggest
problem with
communication is
the illusion it has
taken place.

George Bernard Shaw

